

HIT Policy Committee / Meaningful Use Workgroup / June 4, 2010

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Testimony

Proyecto Salud Clinic is a 501(c) 3 non-profit corporation based in Montgomery County, Maryland. Its mission is to provide culturally and linguistically competent quality primary healthcare to low-income uninsured adults. Proyecto currently serves more than 5,000 active patients in two locations - Wheaton and Olney. Close to ninety percent of the clinic patients are Latino immigrants from Central and South America; the remaining percentile is comprised largely of patients with Asian and African origins. For the past 5 years, Proyecto has used the CHLCare system (community health link care) - an EMR system used by approximately 50 DC area organizations.

There are three primary risks that could lead to increased health disparities from the HIT implementation. The first is the ongoing low health literacy of existing patients; the second is the low computer literacy levels of those patients; the third is the limited English Language proficiency of many patients. If each of these risks is not taken into account, the impact of the Health IT implementation will be limited; quality improvements, the development of efficient process, and the enhancement of patient safety are limited without considering these risks.

Eighteen months ago, Proyecto began a quality improvement initiative that lead to an ongoing collaborative with the Institute for Health Improvement (IHI.org) to improve chronic patient health outcomes. To achieve the goal, the collection of data and the analysis of process indicators were key tools needed to modify and reinforce patient behavior, case management, and medical treatment.

The active participation of patients in the management of their own disease and/or preventive care is of the utmost importance. With this in mind, Proyecto established a Diabetes School a few years ago to educate patients in disease management. In addition, our experience has taught us that individual coaching sessions are more beneficial when patient data collected overtime on clinical sessions, showing the progress or setback of appropriate glucose control are presented to patient.

Currently, Proyecto is working toward strengthening its health education, prevention and wellness activities. Use of data from the CHLCare (Proyecto's EMR system) helps staff direct individual patient efforts as well as guide collective interventions such as the creation of patient lists showing those in need of closer glucose monitoring/control, mammograms, colonoscopies, or other screenings or treatments.

Proyecto is mindful of family participation in the care of patients. For that reason the clinic is planning to work, in an increasingly structured manner, with patient family members to support the management of chronic conditions and overall patient wellness. Family members will be

included in health education and prevention activities as well as provided web based health information.

Although still unable to provide such service, Proyecto believes that patients have the right to access their own health information, in their language of preference. Doing so makes such information more easily understandable, less scary, and more meaningful.

Proyecto also believe that there is a need for better understanding of the realities faced by clinical providers that service underserved minorities. Policy Health IT recommendations need to take into consideration these realities and challenges in order to effectively achieve the benefits of such technology and to reduce disparities.

Collecting information on race, ethnicity, and preferred spoken and written language is key to tailoring specific interventions. At Proyecto, a plan is underway to provide patients access to computers that provide health information in several languages.

Until now, we have emphasized challenges that Proyecto's patients face and that affect the usefulness of Health IT. However, no such dialogue would be complete without discussing other challenges that affect the HIT outcome. Such a discussion should mention the need for accurate data collection and analysis by the clinical team; work flow adaptations that allow real time data entry during clinical encounters; and the strengthening of a system that allows the sharing of health information with other clinical providers. The last point is of particular interest to Proyecto since the clinic currently shares information with two local hospitals and is in the process of establishing a system of referral and reverse referral of patients visiting their Emergency Departments.